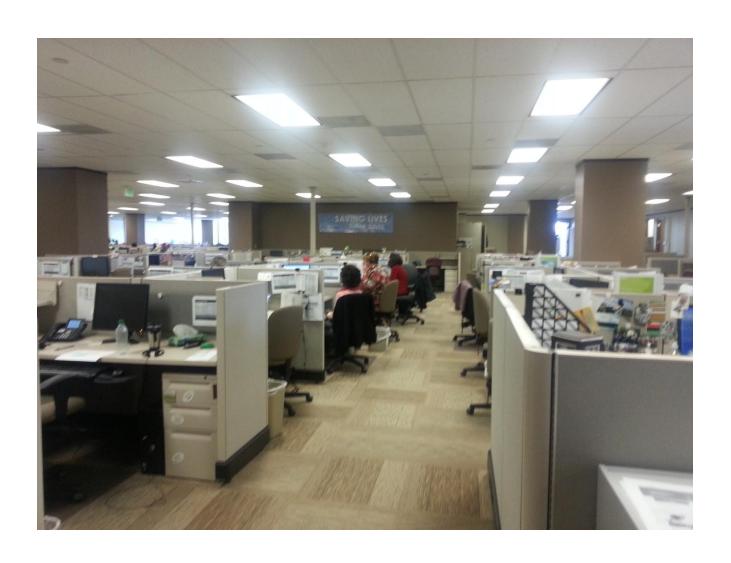
The Michigan Tobacco Quitline



Tobacco Quitlines

- * Work in conjunction with physician intervention.
- * Can provide the treatment intensity that often cannot be provided in a clinical setting due to time constraints.
- * Provide feedback to physicians and health plans on patient progress.
- * Increase access to treatment and reduce barriers.
- * Can provide assistance in multiple languages.
- * Can provide assistance before and after normal business hours.

The Michigan Tobacco Quitline

- * 1-800-QUIT-NOW (784-8669)
- * 1-877-777-6534 (TTS)
- * Calls answered between 7 am to 1 am EST 7 days a week
- * Answering machine after hours (call backs in 24 hours or less)
- * Provides:
 - Referrals to local programs
 - * One time counseling
 - Intensive counseling proactive sessions
 - * Unlimited reactive calls for one year
 - Free NRT to the uninsured
 - Self-help materials
 - * Text-messaging
 - * Online coaching





Quitline Counselors

- Trained in motivational interviewing techniques.
- * Counselors have a minimum of a bachelors degree.
- Counselors receive clinical supervision from a licensed psychologist.
- * A Medical Director is on staff and provides oversight.
- * Trained in the difference between commercial and traditional/ceremonial tobacco use.

Quitline Service Delivery

- * Every participant is viewed as an unique participant
- Coach assesses motivation and works with caller according to where they are in stages of change
- * All calls are scheduled by the participant in order to accommodate their schedule
- * All participants can call into to the Quitline 7 days/week to discuss any issue at no additional cost

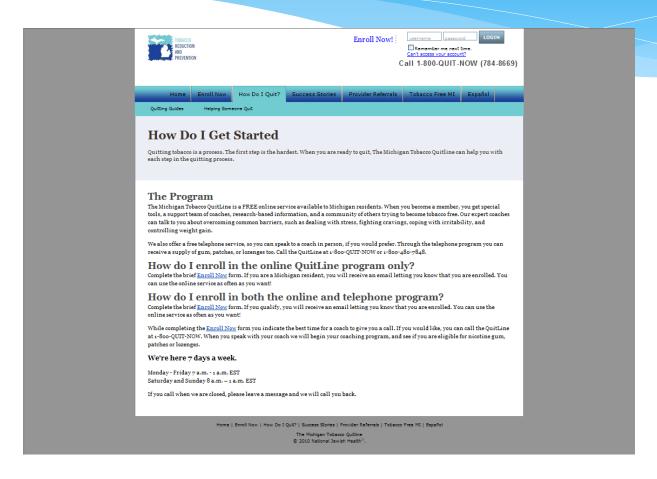
Michigan Tobacco Quit Line Services

- * All Michigan Callers Receive
 - Information & Referral
 - Text Messaging
 - * Online Coaching
- * Medicaid, Veterans & Youth under 18
 - * Counseling
 - * 4 sessions for general enrollees
 - * 9 sessions for prenatal
- * Medicare, Uninsured, Prenatal, Cancer Patients & County Health Plan
 - Counseling (same as above)
 - * Up to 8 weeks of nicotine patch, gum or lozenge

Who Qualifies for Telephone Counseling?

- * Medicaid, including MOMS
- * Medicare
- * Veterans
- * Uninsured
- County Health Plans (Medicaid Waiver)
- * Youth (no insurance information is collected)
- * Prenatal callers
- * Cancer Patients (MCC Project)

New Quitline-Online



https://michigan.quitlogix.org/

Michigan Quit Line Fax Referral Form for Health Care Providers

TOBACCO REDUCTION AND PREVENTION	
PATIENT FAX REFERRAL FORM	Fax to: 1-800-261-6259
Today's Date	
Use this form to refer patients who are ready to quit tobacco in	the next 30 days to the Michigan Tobacco Quitline.
PROVIDER(\$): Complete this section	
Provider name	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	Fax () -
available. If provider does not sign and the patient has any of t dispense medication.	nant uncontrolled high blood pressure heart disease o send the patient free, over-the-counter nicotine replacement therapy if the above listed conditions, the Michigan Tobacco Quitline cannot
Provider Signature	
Please Check: Patient agreed with clinician to be referre PATIENT: Complete this section	d to the Michigan Tobacco Quitline.
Yes, I am ready to quit and ask that a quitine coach my provider about my participation.	call me. I understand that the Michigan Tobacco Quitline will inform
Best times to call? ☐morning ☐afternoon ☐evening	□weekend
May we leave a message? ☐Yes ☐No	
Are you hearing impaired and need assistance? \Box Yes \Box M	lo
Date of Birth? / / Gender □M	□F
Patient Name (Last)	(First)

PLEASE FAX TO: 1-800-261-6259

□English □Spanish □Other

Address

Patient Signature

salded and alexander.

Or mail to: Michigan Tobacco Quitline., c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

https://michigan.quitlogix.org/



	₹ AND	Person who receives patient feedback or who can clarify patient contact information. This may be the
	PREVENTION	rovider or could be the receptionist, nurse or medical records staff.
	PATIENT FAX REFERRAL FORM	Fax to: 1-800-261-6259
	/	Fax to: 1-800-261-6239
	Today's Date	
	Use this form to refer patients who are ready to quit tobacco in the next 30 days to the I	fichigan Tobacco Quitline.
	PROVIDER(s): Complete this section	
	Provider name Physician, PA, Nurse, Health Educator, Etc. Contact Name	
	Clinic/Hosp/Dept (E-mail) (Ox	(onal)
	Address Phone ()	
	City/State/Zip Fax ()	
_	Does patient have any of the following conditions: □pregnant □uncontrolled h	igh blood pressure heart disease
	If yes, please sign to authorize the Michigan Tobacco Quitline to send the patient free, or	ver-the-counter nicotine replacement therapy if
	available. If provider does not sion and the nation has any of the above listed condition dispense n edication. You do not need to fill out this section unless the patient is pregna-	
	wants NRT. Patients with these conditions who want NRT mus prescribe in the State of I	t have the form signed by a provider licensed to
	Provider Signature Please Check: () Patient agreed with dinidan to be referred to the Michigan Tobacc	
	Proper Critical In Transport Information to the Free Information Control of the Informa	Check this box if your client agreed in person or by phone.
	Yes, I am ready to guit and ask that a guitline coach call me. I understand the	at the Michigan Tobacco Quitline will inform
	Initial my provide-about my participation. Note here if patient agreed by phone	
	Best times to call?	
	May we leave a message? □Yes □No	
	Are you hearing impaired and need assistance? Yes No	
	Date of Birth? / / Gender □M □F	
	Patient Name (Last) (First)	-
	Address Ctv Zip Code E-mail	(Outlone) State
(Phone #1) *REQUIRED. Must be able to contact by phone.	(Cpacking)
	Phone #2 () -
	Language □English □Spanish □Other	
	Patient Signature	Date
	DI FACE FAN TO: 4 000 004 00F0	

PLEASE FAX TO: 1-800-261-6259

Or mail to: Michigan Tobacco Quitline., c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

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Feedback

- * Doctors' offices
- * Hospitals
- * Agencies covered by HIPAA

Providers will receive updates on patient's progress with the QuitLine:

- 1. Fax Received
- 2. Enrolled
- 3. NRT Ordered
- 4. Program Complete
- 5. Declined to enroll
- 6. Unreachable
- **These updates are dependent on complete information on the fax referral

Sample Fax from Quitline to Practice on Enrollment/ Quit Status

	TOPASCO REDUCTION AND PREVENTION Michigan QuitLine Confidential Fax
	Fax (800) 261-6259
To:	ana Tomah
Fax:	13-875-4701
Pages:	
Date:	/11/2012
From:	fichigan QuitLine Staff
Patient's DOB:	/24/1993
Subject:	hank you for referring your patient to the Michigan QuitLine. We are appy to announce that your patient has chosen to enroll in the Michigan QuitLine elephonic Counseling Program. We look forward to our continued assistance in their fort to give up tobacco. You have any questions or would like more information on the program, please call us 800-784-8669. We appreciate your support of the Michigan QuitLine.

Fax Referral Process



- **Fax the completed form to 1-800-261-6259**
- ➤ Patient is called within 24 hours of receipt or based on the preferred times indicated by the participant
- > 3 attempts to reach the patient based on the preferred times indicated on the fax referral form
- ▶If no preferred times are indicated, we call the patient at 24 hours, 3 days and 10 days.
- Provider should receive the first fax update within 48 hours.

How can you make fax referrals to the Quitline more successful?

- Make sure to fill out patient contact information completely.
- Make sure that the patient is prepared to receive a call from the Quitline: 1-800-QUIT-NOW (784-8669)
- Have the patient indicate their preferred times to be reached by the Quitline.
- Provider should sign for Nicotine Replacement Therapy on every form if the patient has a health condition requiring MD Consent.

National Jewish Health Website Screenshot



Contact Information

Karen S. Brown

Public Health Consultant

Michigan Department of Community Health

517-335-8803

Brownk34@michigan.gov

www.michigan.gov/tobacco

Or visit the Quitline at:

https://michigan.quitlogix.org/